You are invited to participate in a research study at Tufts University School of Dental Medicine (TUSDM) being conducted by Principal Investigator Dr. XXXX. A survey/questionnaire/tool is being administered to [PATIENT POPULATION]. The survey/questionnaire/tool has been created to [DESCRIBE AIM OF STUDY]. This information will help us [DESCRIBE SIGNIFICANCE OF STUDY].

Participation will include [DESCRIBE PATIENT INVOLVEMENT (ie. Number of surveys or visits) AND AMOUNT OF TIME THIS WILL TAKE]. Upon completion of all study visits, you will be given [NOTE ANY COMPENSATION OR SERVICES PROVIDED].

Your participation in this study is voluntary and there are no personal benefits to your participation. Participation or the refusal to participate will have no effect on [faculty employment status/student academic standing/your care] at TUSDM. The only foreseeable risk of this study is loss of confidentiality. DESCRIBE WHAT IDENTIFYING INFORMATION WILL BE COLLECTED, AND WHEN IT WILL BE DESTROYED. Individual responses will be kept confidential and will not be disclosed to any outside parties. All data collected will be stored in Tufts BOX or in a locked cabinet, and will only be accessible by study team members.

If you have any questions, comments or concerns, please Dr. XXXX at EMAIL. This study has been reviewed by the [Tufts Health Sciences or Tufts Social, Behavioral and Educational] Institutional Review Board (IRB).

Name, Credentials

Title

Department

Tufts University School of Dental Medicine

1 Kneeland Street

Boston, MA 02111

617-636-XXXX